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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	10/783547	
Filing Date	February 20, 2004	
First Named Inventor		
Art Unit		
Examiner Name		
Attorney Docket Number	17546	

P.O.	missioner fo Box 1450 andria, VA 22								
Pleas	e withdraw me	as attorney or agent for the abo	ve identified p	atent applica	tion, and				
	all the attorney	s/agents of record.							
	the attorneys/a	gents (with registration numbers	s) listed on the	attached par	per(s), or				
the attorneys/agents associated with Customer Number									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reaso	ns for this requ	est are: I no longer legally represe	ent the assignee						
CORRESPONDENCE ADDRESS									
1. The correspondence address is NOT affected by this withdrawal.									
2. Change the correspondence address and direct all future correspondence to:									
The address associated with Customer Number:									
OR									
1   ' ' '	m <i>or</i> Iividual Name								
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City			State			Zip			
Country	- " - "		•						
Telephone			Email						
Signature	/Stephen Micha	el Patton #36,235/			· · · · · · · · · · · · · · · · · · ·				
Name	Stephen Michae	el Patton Registration No. 36,23			lo. 36,235				
Date	01-09-2006	Tele			Telephone No. 309-765-5543				
NOTE: Withdi date of a time	awal is effective wl	nen approved rather than when received. e or possible extension period, the reques	Unless there are ast to withdraw is no	at least 30 days rmally disapprov	between ap red.	proval of with	drawal and the expiration		

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